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## Health

### How to Win the Weight Battle

**Tackling obesity the wrong way makes matters worse. Here's a right way**

*By Deborah Kotz*

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Families now stuffing backpacks and greeting the children's new teachers face a crisis that makes falling test scores and rising college costs dull by comparison. Ten years and billions of dollars into the fight against childhood fat, it's clear that the campaign has been a losing battle. According to a report released last week by the research group Trust for America's Health, one third of kids nationwide are overweight now; other stats show that the percentage of children who are obese has more than tripled since the 1970s. Now, experts are worrying about the collateral damage, too: A 2006 University of Minnesota study found that 57 percent of girls and 33 percent of boys used cigarettes, fasting, or skipping meals to control their weight and that diet-pill intake by teenage girls had nearly doubled in five years. Last year, nearly 5,000 teens opted for liposuction, according to the American Society of Plastic Surgeons—more than three times the number in 1998, when experts first warned of a "childhood obesity epidemic."

"We've taken the approach that if we make children feel bad about being fat or scare them half to death, they'll be motivated to lose excess weight," says Joanne Ikeda, nutritionist emeritus at the University of California-Berkeley, who studies pediatric obesity prevention. "It hasn't worked in adults, so what makes us think it will work in kids?" Many experts now believe that an emphasis on dropping weight rather than adding healthful nutrients and exercise is doing more harm than good.

Failure to end—or even slow—the epidemic has public-health experts, educators, and politicians in a near panic. All told, some 17 percent of kids are now obese, which means they're at or above the 95th percentile for weight in relation to height for their age; an additional 17 percent are overweight, or at or over the 85th percentile. This is despite massive government-funded education campaigns in schools, in libraries, and on TV to alert parents and kids to the dangers. "In the early 1980s, I used to see one or two kids a year with type 2 diabetes, and now I see one or two a month," says Alan Lake, an associate professor of pediatrics at the Johns Hopkins University School of Medicine. "Evidence now suggests that this type 2 diabetes progresses more rapidly in kids, which means we could be soon seeing 20-year-olds developing severe heart disease." Already, high blood pressure affects more than 2 million youngsters.

**Long haul.** Obesity is hard to outgrow, so about 50 percent of elementary-school kids and 80 percent of teens who are obese will battle the scales—and the greatly increased risk of disease—for the rest of their lives. A number of authorities have warned that today's youth could be the first ever to have a shorter life

span than their parents.

What explains both the problem and the elusiveness of a solution? Blame the American "toxic environment." Cinnamon buns and candy are far cheaper and easier to sell at the local mall than, say, a fresh fruit cup or a packet of sliced almonds. Half of kids walked or biked to school a generation ago; today, only about 10 percent do—then they come home and plop down in front of their various screens. As if the inactivity weren't bad enough, preteens absorb more than 7,600 commercials a year for candy, sugary cereal, and fast food, according to the Kaiser Family Foundation. "They're surrounded by circumstances where the default behavior is one that encourages obesity," says Marlene Schwartz, deputy director of the Rudd Center for Food Policy and Obesity at Yale University. Busy parents contribute by stocking pantries with quick energy—sugary cereal, Fruit Roll-Ups, and Oreos—while bringing home Kentucky Fried Chicken for dinner.

Schools have taken a stab at introducing the basics of good nutrition and the four food groups. But such efforts pale beside a cutback of gym time in favor of academics and vending machines stocked with high-calorie (and high-profit-margin) snack foods. More than 90 percent of elementary schools don't provide daily physical education, according to the Robert Wood Johnson Foundation, and the share of high school students participating in daily gym has dropped from 42 percent in 1991 to 33 percent in 2005. Some states have reconsidered and passed laws to increase physical education, but plenty of schools have yet to figure out how to comply; in California, more than half the school districts have failed to implement the 20 minutes a day of physical activity that the state law now requires, according to the California Center for Public Health Advocacy.

While eating too much and exercising too little clearly put children's health in jeopardy, so might the methods used to change their behavior. As with any losing war, this one lacks a battle plan that everyone agrees upon. Robert Jeffery, director of the Obesity Prevention Center at the University of Minnesota School of Public Health, is one of many who believe that the solution lies in focusing more attention on body weight by screening kids at school and educating them about the dangers of obesity. One Minnesota high school last year showed the documentary *Super Size Me*, for example, to illustrate the ill effects that greasy burgers and fries have on the body. And proactive states like Florida and Pennsylvania mandate that schools weigh students yearly and send letters home warning parents if their child's body mass index, a number that relates weight to height, is too high. Down the hall and around the corner from Jeffery, meanwhile, Minnesota's Dianne Neumark-Sztainer, who studies adolescent eating behaviors, argues that such "overzealous efforts" may push teens to seek a quick and unhealthy weight-loss remedy. "Overweight teens are far more likely to turn to these risky behaviors instead of incorporating exercise or a more nutritious diet," she says.

Jillian Croll, a nutritionist who treats eating disorders at the Anna Westin House, a private facility in Chaska, Minn., has seen the evidence. "We find ourselves unteaching" girls raised to believe that their self-worth is measured by how much they weigh, she says. On a June afternoon tour of the suburban house filled with handmade quilts and stuffed teddy bears, the mood is tense as the eight residents sit down to sloppy Joes and buttered broccoli.

**No joke.** The path to an eating disorder is often paved with the good intentions of parents and educators who presume that warning and cajoling or joking will motivate children to lose weight. Neumark-

Sztainer's findings suggest just the opposite in a study of 130 previously overweight teens. About 65 percent of the teens reported being teased about their body weight, and they were more likely to engage in binge eating, which leads to weight gain over time. And when parents harp on children's body weight, kids are also likely to become preoccupied with achieving thinness, says Neumark-Sztainer. Her research found that approaches that may be effective weight-loss strategies in adults, like daily weigh-ins and attempting a restricted diet, may trigger diet-pill use and purging in teens.

Shaming kids is prevalent in schools as well, and it's just as counterproductive there. A review paper published in the July issue of the journal *Psychological Bulletin* found that teachers perceive obese people to be sloppy and less likely to succeed than thinner people. Gym teachers usually have higher expectations for normal-weight kids, which means they might let heavier kids languish on the sidelines. "When kids are made to feel ashamed of themselves for being fat, they will cope by finding ways to make themselves feel better, often turning to food," says Schwartz. Studies have shown they're more likely to be depressed and dissatisfied with their bodies and develop other health problems like high blood pressure and eating disorders. "Yet I still hear educators and health professionals at conferences saying that weight bias serves a purpose."

School weight screenings, now performed in 16 states, have yielded mixed reviews. Though the report cards sent home with kids who have high body mass indexes work to inform parents about the problem, they don't provide effective solutions. "Many parents assume they should put their child on a diet," says Berkeley's Ikeda.

What's worse, the reports may be inaccurate. A government analysis found that 17 percent of kids who have a BMI that nudges them into the overweight category actually have a normal percentage of body fat but are large boned or have a greater muscle mass. Nine-year-old Ben Baturka, an avid swimmer who does up to 2 miles of laps while training for his swim meets, was put in the BMI "at risk" zone last year by Hillcrest Elementary School in Drexel Hill, Pa. "He's always been a big boy, but he's a healthy eater and as fit as he can be, so I'm going to ignore the school letter," says Ben's mother, Angie. The American Medical Association recently recommended that doctors perform BMI screenings during annual physicals, looking for weight-related health risks like hypertension or high cholesterol, too.

Some families go too far by turning healthful eating into a new religion. "Anorexia often starts with healthy eating behaviors, like cutting down on bread and other starches, that evolve to become too restrictive," says pediatrician Tania Heller, director of the Washington Center for Eating Disorders and Adolescent Obesity in Bethesda, Md. "My mom was always into organic food, so she didn't notice when I got on a health kick, running more miles and avoiding all fat in my diet," says Marina Leith, 17, who was treated by Heller for anorexia after dropping 30 pounds in less than two months four years ago. She's now a high school senior, back to a normal weight.

**Think positive.** How to get a child to a healthy weight in the healthiest possible way? Most experts now favor a positive approach—showing, for example, ways that exercise strengthens the body and refreshes the mind and how certain nutrients in foods help cells, organs, and bones grow properly. Hundreds of schools are now trying out Planet Health, a curriculum developed by Harvard University researchers that disguises obesity prevention by integrating healthful messages about the power of food and exercise into various subjects. Students in math class, for example, come to appreciate the importance of reducing TV

viewing by calculating the hours they've spent over their lifetime in front of the set. A 2005 study published in the *Archives of Pediatrics & Adolescent Medicine* found that middle school girls who had Planet Health in their schools were half as likely to purge or use diet pills as those in schools without it.

A second program adopted by 7,000 elementary schools nationwide, the Coordinated Approach to Child Health, similarly puts the focus on good health habits instead of weight. In class, students use a traffic-light system to identify "go," "slow," and "whoa" foods and take breaks to do jumping jacks. In the cafeteria, fruits, vegetables, low-fat milk, and whole-grain starches are labeled with green-light tags, and pizza gets a yellow light. Gym activities are designed to keep students constantly moving. "Every kid gets a ball to dribble or a hula hoop; there's no lining up and waiting to take a turn," says Philip Nader, professor of pediatrics emeritus at the University of California-San Diego, who helped develop CATCH. One study found that the program succeeded at preventing the growth in number of overweight students that normally occurs from grade 3 to grade 5. CATCH schools in El Paso, Texas (with one of the highest obesity rates in the nation), held the line between those grades; elsewhere in the city, the share of overweight girls increased from 26 percent to 40 percent and of overweight boys from 39 percent to 49 percent.

Grass-roots efforts can make a difference, too. Hillcrest Elementary School nurse Kim Glielmi implemented a voluntary walking program last year in which 200 students, parents, and teachers put in 1 mile a day around the neighborhood to reach a grand total for the group. "Our goal had been to walk enough miles to get to California by the end of the year," she says, "but we actually got as far as Hawaii." A community garden project in New York City's Harlem section has increased inner-city kids' appreciation of fresh fruits and vegetables. A program to build bike paths and sidewalks in Marin County, Calif., is prompting more kids to transport themselves to school.

**At home.** Parents, of course, will have the biggest impact. In her book *"I'm, Like, So Fat!"* Neumark-Sztainer says the most important thing parents can do is to model healthful behaviors—not preach them—by avoiding fad diets, skipped meals, and too much junk food and by hitting the gym and planning active family outings on a regular basis. A slew of studies have shown that teens who regularly eat home-cooked family dinners enjoy healthier weights, higher grades, lower rates of smoking, less depression, and a lower risk of developing an eating disorder.

The home environment should be conducive to good habits: a fruit bowl on the kitchen counter, cut-up vegetables in the fridge, jump-ropes in the garage, a basketball hoop in the driveway. Lake advises introducing healthful foods again and again even if a child refuses to eat them, since research shows it may take 10 to 12 sightings before a picky eater lifts fork to mouth. And he recommends against enforcing a clean-plate rule, pointing out that toddlers up to age 4 naturally and wisely regulate their own intake and that older kids eat out of habit, even if they're feeling full. "Parents should choose when to eat and what to eat, while a child should choose when to stop," says Lake.

Experts also emphasize the importance of fostering a positive body image since, according to the Minnesota data, 46 percent of teenage girls and 26 percent of boys are dissatisfied with the way they look. Parents should both avoid making negative comments about their own bodies and put a stop to any teasing (box, Page 65). They should also discuss healthful behaviors without focusing too much on size or body fat. Liza Miller, a lean and sprightly 10-year-old, shows the level of understanding that parents

might wish to achieve. (Her father, Dirk Miller, heads the Emily Program, a private eating disorders organization that runs the Anna Westin House.) She has trained herself to say no at slumber parties to bowls of potato chips and ice cream. And she has made a firm decision not to use celebrities as role models. Witness the sign posted on her bedroom door: "I won't allow people like Nicole Richie to make me feel fat."

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